

5EWHME

19 OCT 1981

Paul Koruna, Vice President, Operations  
Bulkmatic Transport Company  
12000 South Doty Avenue  
Chicago, Illinois 60628

Re: Bulkmatic Transport Company  
Chicago, Illinois ILD081044778

Dear Mr. Koruna:

Enclosed please find a copy of the report of the inspection dated May 26, 1981, conducted at the above facility by a representative of the Illinois Environmental Protection Agency (IEPA). The purpose of the inspection was to determine your facility's compliance status with the Resource Conservation and Recovery Act (RCRA) as amended. We are pleased to report that your facility was found to be in compliance.

Your cooperation and efforts in this matter are appreciated. Should you have any questions about the report, please contact John Moran at (312) 353-2114.

Very truly yours,

Arnold E. Leder, Chief  
Compliance Section  
Water & Hazardous Materials  
Enforcement Branch

Enclosure

cc: Michael Hayes, Acting Manager  
Land/Noise Pollution Control Division  
Illinois Environmental Protection Agency

bcc: Constantelos/Klepitsch  
Stone  
Moran  
Clifford Gould, IEPA-Maywood  
Baumgartner/Lewis

JMoran/ng 10-14-81 6-6715

Gingher AM 10-14-81  
Moran jm 10-14-81  
Donaldson td  
Baumgartner MB 10/15/81  
Leder \_\_\_\_\_



## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

DATE: 19 OCT 1981

SUBJECT: ISS Inspection Review Sheet

FROM: *Arnold E. Leder*  
Arnold E. Leder, Chief  
Compliance SectionTO: *Michael Hargis, Acting Manager*  
*Land/Water Pollution Control Division*  
*Illinois Environmental Protection Agency*Name: BULKMATIC TRANSPORT CO.Date of Survey: May 16, 1981Location: CHICAGO, ILLINOISDate Report Received in Enforcement  
Division June 25, 1981EPA ID No.: FLD 081044778

Date Reviewed and Reviewers

Initials October 2, 1981 *Jm*  
10/14/81 MB

GENERATOR

TRANSPORTER

TSD

Inspection Conducted By: ☒ 1. State ☐ 2. U.S. EPA ☐ 3. Joint  
☐ 4. Other \_\_\_\_\_COMMENTS ON INSPECTIONANALYSIS OF REPORT

- ☒ 1. In Compliance *Does not now transport hazardous waste*
- ☐ 2. Non-Compliance with Interim Status Standards (Describe) \_\_\_\_\_

FINAL ACTION TAKEN WITH REPORT

- ☒ 1. In Compliance; no further action.
- ☐ 2. No further action (e.g. insignificant violation, mitigating circumstances as described as follows). \_\_\_\_\_
- ☐ 3. State/Federal enforcement action taken. (Describe) \_\_\_\_\_
- ☒ 4. Copy of inspection with attached letter sent to facility by State/Federal.

cc: State SIO *Stone*



## RCRA PROCESSING SHEET

053 220 711

Bulk-matic Transport Co  
NameChicago, Ill  
Location1LD081044778  
ID NumberDate Received in Compliance Section: 6-25-81

	<u>Name</u>	<u>Duty</u>	<u>Date</u>	<u>Initial</u>
1.	Clinkscales	Make File	7/2/81	BT
2.	Leder	Assignments		
3.	Brunet	Log	7/6/81	FB
4.	Lewis	Log		
5.	Rogers	STS Forms		
6.	Messenger	Assign for Review		
7.	Baumgartner	Assign for Review	9/3/81	WB
8.	EPS <i>Moran</i>			
9.		Review Completed		
10.	<input type="checkbox"/> No Action	<input type="checkbox"/> NOV	<input type="checkbox"/> Referred to ES	

*Letter - found to be in compliance*



SWH 443  
STATE IDENTIFICATION NUMBER  
(If Applicable)

ILD 081044778  
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS  
Form C - Transporter Inspection  
(40 CFR Part 263)

RECEIVED

JUN 05 1981

E.P.A. - D.L.P.C.  
STATE OF ILLINOIS

I. General Information:\*

(A) Transporter Name: BULK MATIC TRANSPORT CO  
(B) Street: 12000 S. DOTY AVE  
(C) City: CHICAGO (D) State: IL (E) Zip Code: 60628  
(F) Phone: 312/568-1300 (G) County: COOK  
(H) Date of Inspection: 5/26/81 Time of Inspection (From) 11:15a (To) 11:45a  
(I) Weather Conditions: Partly cloudy 70°F

(J) Person(s) Interviewed	Title	Telephone
<u>Paul Koruna</u>	<u>V.P. Ops</u>	<u>312/568-1300</u>
(K) Inspection Participants	Agency/Title	Telephone
<u>Clifford Gould</u>	<u>IEPA/EPs</u>	<u>312/345-9780 x290</u>
(L) Preparer Information	Agency/Title	Telephone
Name:		
<u>Clifford Gould</u>	<u>IEPA/EPs</u>	<u>312/345-9780 x290</u>

\*If site is also a generator do not complete Section I of this form.

Do not use this form if transporter is also a treatment, storage, and/or disposal facility.  
Complete form "A" if the transporter is also a TSD facility.





## II. OTHER TYPES OF HAZARDOUS WASTE ACTIVITY

(A) \_\_\_\_\_ Treatment, Storage, and/or  
Disposal

(B) \_\_\_\_\_ Generator (Form B)

(If site is also a generator or TSD, attach this form to form "A" or "B" as appropriate.)

Briefly describe site activity: This facility is a truck terminal  
for a dry and liquid bulk material transporter

## III. MANIFEST SYSTEM AND RECORDKEEPING (Subpart B)

	Yes	No	NI*	Remarks
(A) Are copies of the completed manifests or shipping paper(s) available for review and retained for three years?	_____	<u>  X  </u>	<u>  X  </u>	<u>See page 27</u> Remarks.

## IV. INTERNATIONAL SHIPMENTS

	Yes	No	NI*	Remark Number
A. Does the Transporter record on the manifest the date the waste left the U.S?	_____	_____	<u>  X  </u>	<u>No international</u>
B. Are signed completed manifest(s) on file?	_____	_____	<u>  X  </u>	<u>shipments</u>

\*Not Inspected

Rev. 1-26-81/J.B.



V. MISCELLANEOUS

A. Does transporter haul  
Hazardous Waste into the  
U.S. from Abroad?

      X       No international  
                   shipments

B. Does the transporter mix  
Hazardous Waste of different  
DOT shipping descriptions  
by placing them into a single  
container?

      X       See remarks below

NOTE: If (A) or (B) were answered "Yes" then the Transporter is also a Generator and must comply with the Generator Regulations.

VI. REMARKS

Remarks: This firm does not now transport hazardous waste.  
Previous activity consisted of transporting spent sulfuric acid  
from an oil refinery back to the manufacturing chemical co  
for recycling. This was the only activity engaged in by this  
firm. It would appear that this is a 40 CFR 261.6(a)  
exemption, and would not subject the firm to reg-  
ulation under 262 thru 265 and 122 thru 124.





ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

MEMORANDUM

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

FROM: \_\_\_\_\_ ☐ Information only

SUBJECT: \_\_\_\_\_ ☐ Response requested

RECEIVED

JUN 05 1981

E.P.A. — D.L.P.C.  
STATE OF ILLINOIS





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

230 SOUTH DEARBORN ST.

CHICAGO, ILLINOIS 60604

REPLY TO THE ATTENTION OF:

RCRA ACTIVITIES

Attn: Chuck Appelquist  
Bulkmatic Transport Co  
12000 Doty Ave  
Chicago IL 60628

2-29-88

RE: EPA ID #: ILD053220711

In response to your request of 1/88 the following information  
has been updated:

- ① installation changed from non handler to small quantity generator
- ② added waste code D001
- ③ Chuck Appelquist listed as installation contact
- ④ J B Inc listed as installation legal owner

If you have questions, please contact Sharon Kiddon at (312) 886-6173.

Sincerely,

Arthur S. Kawatachi  
Information Unit  
Program Management Section

cc: State Agency  
File





# CONVERSATION RECORD

TIME

10:45

DATE

2/29/88

TYPE

☐ VISIT

☐ CONFERENCE

☒ TELEPHONE

☐ INCOMING

☒ OUTGOING

Location of Visit/Conference: ILD 053 220 711

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Chuck Appelquist

ORGANIZATION (Office, dept., bureau, etc.)

Bulkmatic Transport Company

TELEPHONE NO:

312  
568-1300

SUBJECT

Received subsequent notification

no waste activity indicated

SUMMARY

spoke to Appelquist who indicated the organization should be classified as small quantity generator

ACTION REQUIRED

Process sub

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

ACTION TAKEN

Same

SIGNATURE

BQ Greene

TITLE

data technician

DATE

2-29-88





ID — For Official Use Only

C  
WT/A C  
1**X. Description of Hazardous Wastes (continued from front)**

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 D 0 0 1	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
	25	26	27	28	29
					30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable  
(D001)

☐ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)
**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed



PARTS MANAGER

1-11-88

ILD053220711

# Bulko

NON-HANDLER INACTIVE I.D. #

February 11, 1981

United States Environmental Protection Agency  
RCRA Activities  
P.O. Box 7861  
Chicago, Illinois 60680

To Whom It May Concern:

Please be advised that after reading your letter dated January 13, 1981, to, "Owner/Operator of a Hazardous Waste, Treatment, Storage or Disposal Facility" I am now certain that we are not subject to the regulations. Your reference to "a number of precautionary notifications" describes my reason for applying for a hazardous waste permit. Our company is involved in the warehousing of dry bulk and steel products and have no Hazardous Waste Treatment, Storage or Disposal activities.

Please excuse me for any inconveniences caused by any application and unless otherwise informed I will assume this letter dissolves us from any requirements of RCRA.

Respectfully,

*Paul Koruna*  
Paul Koruna  
Vice President - Operations

PK:dew

*Sub/notification  
delete  
completely  
Part A also.  
delete*

*Deleted  
Notification  
4-29-81  
FEB 12 1981*

*Marked  
4/26/83*





U.S. ENVIRONMENTAL PROTECTION AGENCY

## NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

BULKMATIC TRANSPORT CO  
2400 E DUNES HWY  
GARY, IN 46402

NON-HANDLER INACTIVE I.D. # 000084

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER 2  
F IL0053220711  
APPROVED A  
DATE RECEIVED (yr., mo., & day) 800728

## I. NAME OF INSTALLATION

## II. INSTALLATION MAILING ADDRESS

## STREET OR P.O. BOX

312000 SOUTH DOTY AVE

## CITY OR TOWN

CHICAGO

## ST.

## ZIP CODE

IL 60628

## III. LOCATION OF INSTALLATION

## STREET OR ROUTE NUMBER

5 SAME

## CITY OR TOWN

6

## IV. INSTALLATION CONTACT

## NAME AND TITLE (last, first, &amp; job title)

2 KORUNA PAUL V. PRES OPERATIONS

## PHONE NO. (area code &amp; no.)

312-568-1300

## V. OWNERSHIP

## A. NAME OF INSTALLATION'S LEGAL OWNER

8 A Y BINGHAM AND A D PRINGLE

## B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

M

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

7-100532003-718  
7-10081644-718

DO NOT WRITE IN THESE SPACES												
FEDERAL GOVERNMENT												
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15												

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Paul Koruna</i>	NAME & OFFICIAL TITLE (type or print) PAUL KORUNA V.P. - OPERATIONS	DATE SIGNED 7-24-80
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